FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



OMB APPROVAL

OMB Number:

Expires:

Estimated average burden Hours per form

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (☐ check if this is an an Surfside Funding Corporation – Loan N		e has changed, ar	nd indicate chan	ge.)	
Filing Under (Check box(es) that apply):	□Rule 504	□ Rule 505	X Rule 506	☐ Section 4(6)	ULOE
Type of Filing: X New Filing	Amendment				
	A. BASIC ID	<b>ENTIFICATIO</b>	N DATA		ECEIVED
1. Enter the information requested about t	he issuer				10
Name of Issuer ( check if this is an amendment	it and name has chang	ged, and indicate ch	ange.)	A CEL	y - saan //
Surfside Funding Corporation				1 35.	1 5 2004 >>
Address of Executive Offices (N	umber and Street, City	y, State, Zip Code	Telephone Nun	nber (Including Area C	Code)
1101 Dove Street, Suite 170, Newport Bo	each, California 92	2660	(949) 797-01		
Address of Principal Business Operations (Num	per and Street, City, S	State, Zip Code)	Telephone Nur	nber (Including Area	Code (if comferent from
Executive Offices)				1	
1101 Dove Street, Suite 170, Newport Be	each, California 92	2660	- <u>-</u>		
Brief Description of Business					~
Origination, funding, and servicing of ne	ew and existing lo	ans secured by r	eal property		
Type of Business Organization					DDOOCOO-
$\underline{X}$ corporation	limited partnership	p, already formed	,	☐ other (please	s PEROCESSEI
□ business trust □	limited partnership	p, to be formed			
		Month Ye	ar		SEP 17 2000 L
Actual or Estimated Date of Incorporation	or Organization: (	08 94 X A	ctual 🗆 E	Estimated	
Jurisdiction of Incorporation or Organizati				on for State: CA	THOMSON
F		la: FN for other for			FINANCIAL
			<u> </u>		TAINUIAL

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, NW, Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized within the past five years:	
Each beneficial owner having the power to vote or dispose, or direct the vote or dispositi securities of the issuer:	on oi, 10% or more of a class of equity
Each executive officer and director of corporate issuers and of corporate general and mana	ging partners of partnership issuers; and
Each general managing partner of partnership issuers.	,
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X Executive Officer X Direction	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)  Carp, Sidney	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1101 Dove Street, Suite 170, Newport Beach, California 92660	
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X Executive Officer X Direction	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)  Carp, Rita	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1101 Dove Street, Suite 170, Newport Beach, California 92660	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Direction	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Dir	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Dir	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Dir	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Dir	ector   General and/or  Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet as	necessary.)

	<del></del>				B. INFO	RMATI	ON ABOU	JT OFFI	ERING_					
1 Hast	he iccuer	sold or a	does the i	ecuer inte	and to cel	1 to non-s	accredited	invectors	in this o	ffering?				Yes No
i. Iias t.	iic issuci	3010, 01	ioes the i				ix, Colum				•••••	• • • • • • • • • • • • • • • • • • • •		<u>a</u> u
2. What	is the m	inimum ir	nvestmen	t that wil	l be accep	oted from	any indivi	dual?				••••••	\$_	
3. Does	the offer	ing perm	it joint ov	vnership	of a singl	e unit?		***********	• • • • • • • • • • • • • • •					Yes No $X \square$
4. Enter	the infor	mation re	equested f	or each p	erson wh	o has beer	or will be	paid or g	given, dire	ectly or ir	directly,	any comm	nission	or similar
remu perso	neration t n or agen	for solicit it of a bro	ation of p ker or dea	urchaser aler regist	s in conne ered with	ection with the SEC	n sales of s and/or wit	ecurities h a state c	in the offe or states, l	ering. If ist the na	a person t me of the	o be listed broker of	l is an a deale	associated r. If more
	r only.	ersons to	be listed	are assoc	iated pers	ons of suc	ch a broker	or dealer	r, you ma	y set forti	n the inio	mation 1	or that	broker or
Full Nan	ne (Last r	name first	t, if indivi	idual)										
	N/A													
Business	or Resid	lence Ado	dress (Nu	ımber an	d Street,	City, State	e, Zip Cod	e)						
	,													
Name of	Associat	ted Broke	er or Deal	er		<del></del>								
						s to Solici	t Purchase							All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] {TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
ruii Nan	ne (Last i	iame ms	t, if indiv	iduai)										
Business	or Resid	lence Ado	dress (Ni	ımher an	d Street	City State	e, Zip Cod	e)						
2			C. 500 (		a 5 <b></b> ,	o.,,, o	s, Dip ood	,						
Name of	Associa	ted Broke	r or Deal	er			··			<del></del>				
						s to Solici	t Purchase	es	<del></del>					
	ck "All S [AK]	tates" or (	check ind [AR]	lividual S [CA]		[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		All States
[IL]	[IN]	[IA]	[KS]	[KY]	[CO] [LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[\$C]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last i	name firs	t, if indiv	idual)										
Business	or Resid	dence Ad	dress (Ni	umber an	d Street,	City, State	e, Zip Cod	le)						
Name of	Associa	ted Broke	er or Deal	er										
14ume of	71330014	ica Dioke	or Dear	CI										
States in	Which F	Person Lis	sted has S	Solicited	or Intend	s to Solici	t Purchase	 es						
(Che	ck "All S	tates" or	check ind	lividual S	States									All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "O" if answer is "none" or box   and indicate in the columns b	ecurities included in this offering and the total amount already r "zero." If the transaction is an exchange offering, check this elow the amounts of the securities offered for exchange and		
	already exchanged.  Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt		\$0	<u> - 0 - </u>
	Equity		\$0-	<u> </u>
	☐ Com	mon Preferred		
	Convertible Securities (includ	ing warrants)	\$ 0	\$ <u>-</u> 0-
	Partnership Interests		\$ <u>-0-</u>	<u> </u>
	Other (Specify Undivided Pa	rticipating Interests in Mortgage Loan)	\$ 1,600,000	\$ 1,600,000
	Total		\$_1,600,000	\$_1,600,000
	Answer	also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amou	on-accredited investors who have purchased securities in this unts of their purchases. For offerings under Rule 504, indicate irchased securities and the aggregate dollar amount of their "if answer is "none" or "zero		
			Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		14	\$_1,550,000
	Non-accredited Investors		11	\$ 50,000
		nder Rule 504 only)		
	•	also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Ru sold by the issuer, to date, in offering	ule 504 or 505, enter the information requested for all securities s of the types indicated, in the twelve (12) months prior to the Classify securities by type listed in Part C-Question		
	Type of Offering		Type of Security	Dollar Amount Sold
	Rule 505		0 -	<b>\$</b> -0-
	-			
				\$0-
4.	securities in this offering. Exclude a The information may be given as subj	nses in connection with the issuance and distribution of the mounts relating solely to organization expenses of the issuer, lect to future contingencies. If the amount of an expenditure is sheck the box to the left of the estimate.		
	Transfer Agent's Fees			\$ <u>-0-</u>
	Printing and Engraving Costs			\$ <u>-0-</u>
	Legal Fees			\$0
	•		_	
				· · · · · · · · · · · · · · · · · · ·
		inders' fees separately).		
		•		
	Total		<b></b> [	\$ <u>-0-</u>

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPE	ENSES AND USE OF PR	OCEEDS.
	and total expenses furnished in response	regate offering price given in response to Part C - e to Part C - Question 4.a. This difference suer		\$_1,600,000
5.	each of the purposes shown. If the amore check the box to the left of the estimate	d gross proceeds to the issuer used or proposed to punt for any purpose is not known, furnish an ese. The total of the payments listed must equal the response to Part C - Question 4.b above.	stimate and	
			Officers Directors & Affiliates	Payments To Others
	Salaries and fees			\$ <u>-0-</u>
	Purchase of real estate		🗆 \$ <u>-0-</u>	_ \$ <u>-0-</u>
	Purchase, rental or leasing and in	nstallation of machinery and equipment		_ \$0
	Construction or leasing of plant	buildings and facilities		□ \$ <u>-0-</u>
	offering that may be used in excl	(including the value of securities involved in this hange for the assets of securities of another		□ \$0
	-			
	Other (specify): Making loan t	o borrower	s <u>-0-</u>	X \$_1,600,000
	Column Totals			<u>X</u> \$ <u>1,600,000</u>
	Total Payments Listed (column t	totals added	<u>X</u> \$	1,600,000
		D. FEDERAL SIGNATUR	RE	
sig	nature constitutes an undertaking by th	be signed by the undersigned duly authorized the issuer to furnish to the U.S. Securities and I want or paragraphy non-accredited investor pursuant to paragraphy.	Exchange Commission, upon	
Is	SURFSIDE FUNDING CORPORATION	Signature	Date	gust 26, 2004
\	lame of Signer (Print or Type)	Title of Signer (Print or Type)		
5	Sidney I. Carp	President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / /	Date A 2 6 2004
Surfside Funding Corporation	Adm Saspon	August 26, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Sidney I. Carp	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to so to non-acci investors in (Part B-Iter	edited 1 State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of inves amount purch (Part C-Item	ased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA	X			13	\$1,392,681.78	1	\$50,000		Х	
СО										
СТ										
DE										
DC										
FL		Х		1	\$157,318.22	0	0		Х	
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

1	Intend to s to non-accinvestors in (Past B-Ite	redited n State	Type of security and aggregate offering price offered in state (Part C-Item 1)	ype of security Indicate a					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA											
RI						<u></u>					
SC											
SD											
TN											
TX											
UT											
VT											
VA								ļ <u>.</u>			
WA											
wv											
WI											
WY											
PR											